

BEST AVAILABLE COPY

POSITION	ID NO.	DATE
CLASSIFIER	10	7/14/96
EXAMINER	315	3/13/96
TYPIST	324	2/9/96
VERIFIER	325	3-23-96
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

# INDEX OF CLAIMS

Claim	Final	Original	Date
1	1	1	
2	2	2	
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SYMBOLS  
✓ ..... Rejected  
= ..... Allowed  
+ (Through numeral) ..... Restricted  
N ..... Non-elected  
I ..... Interference  
A ..... Appeal  
O ..... Objected

Claim	Final	Original	Date
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